



**2011**

**Behavioral Risk Factor Surveillance System  
Questionnaire  
Cell Phone**

**Massachusetts - 5190**

**July 14, 2011**

# Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire – MA Cell Phone 5190

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## Interviewer's Script

HELLO, I am calling for the Massachusetts Department of Public Health. My name is (name). We are gathering information about the health of Massachusetts residents (if person reports that they do not live in the state mentioned, tell them that they may still be eligible to participate). This project is conducted by the department of public health with assistance from the Centers for Disease Control and Prevention.

I have just a few questions to find out if you are eligible for the study.

### CTELNUM1

Is this (phone number) ?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | YES                   | [Go to CELLFON2] |
| 2 | NO                    |                  |
| 7 | DON'T KNOW / NOT SURE |                  |
| 9 | REFUSED               |                  |

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP (CDC Dispcd=455)**

If "Don't Know", "Refused",

Thank you for your time. **STOP (CDC Dispcd=319)**

### Qualified Level 1

#### CELLFON2

Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                |
|---|-----------------------|----------------|
| 1 | YES                   | [Go to CADULT] |
| 2 | NO                    |                |
| 7 | DON'T KNOW / NOT SURE |                |
| 9 | REFUSED               |                |

IF "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP (CDC Dispcd=425)**

If "Don't Know", "Refused",

Thank you for your time. **STOP (CDC Dispcd=319)**

### Qualified Level 2

**CADULT**

Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- |   |                        |                        |
|---|------------------------|------------------------|
| 1 | YES, Male Respondent   | <b>[Go to PVTRES2]</b> |
| 2 | YES, Female Respondent | <b>[Go to PVTRES2]</b> |
| 3 | NO                     |                        |
| 7 | DON'T KNOW / NOT SURE  |                        |
| 9 | REFUSED                |                        |

**IF "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

**STOP (CDC Dispcd=415)**

**IF "Don't Know", "Refused",**

Thank you very much for your time. **STOP (CDC Dispcd=317)**

**Qualified Level 3****PVTRES2**

Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

- |   |                       |                       |
|---|-----------------------|-----------------------|
| 1 | YES                   | <b>[Go to CSTATE]</b> |
| 2 | NO                    |                       |
| 7 | DON'T KNOW / NOT SURE |                       |
| 9 | REFUSED               |                       |

**IF "No",**

Thank you very much, but we are only interviewing persons who live in a private residence at this time. **STOP**

**IF "Don't Know", "Refused",**

Thank you very much for your time. **STOP (CDC Dispcd=317)**

**CSTATE**

Are you a resident of Massachusetts?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.



- 1 YES [Go to LANDLINE]
- 2 NO [Go to RSPSTATE]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "Don't Know", "Refused",**  
Thank you very much for your time. **STOP (CDC Dispcd=317)**

#### **Qualified Level 4**

**RSPSTATE** In what state do you live?

\_\_\_\_\_ ENTER STATE  
99 REFUSED

**LANDLINE** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

**NOTE:** Telephone service over the internet counts as landline service.  
PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [Go to PCTCELL]
- 2 NO [Go to SURVEY INTRO]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "No", GO TO SURVEY INTRO**  
**IF "Don't Know" or "Refused", GO TO TERMINATION**

#### **PCTCELL**

Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

\_\_\_\_\_ Enter Percent (1 to 100)  
8 8 8 Zero  
7 7 7 Don't know/Not sure  
9 9 9 Refused

#### **TERMINATION**

Thank you very much. Those are all the questions that I have for you today.

**(CDC Dispcd=437)**

#### **Qualified Level 5**

## SURVEY INTRO

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information. Is this a safe time to talk with you now or are you driving?

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. If you have any questions about the survey, please call 877-286-6318.

### Section 1: Health Status

---

**GENHLTH** Would you say that in general your health is—

(73)

HLth1

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**Qualified Level 6**

### Section 2: Healthy Days — Health-Related Quality of Life

---

**PHYSHLTH** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74–75)

HLth4

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**MENTHLTH**

Hlth5

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76–77)

–	–	Number of days	
8	8	None	<b>[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]</b>
7	7	Don't know / Not sure	
9	9	Refused	

**POORHLTH**

Hlth6

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78–79)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

## Section 3: Health Care Access

**HLTHPLN1**

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

Hins1

(80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

## State-Added 3a: MA Health Care Access [Splits 1, 2, 3]

{CATI: If HLTHPLAN=1, continue; Else go to PERSDOC2}

**NEWINS**

What type of health care coverage do you use to pay for most of your medical care?

NEWINS

Is it coverage through:

NEWINSA Your employer or someone else's employer?

**(INTERVIEWER PROBE: This insurance could be through COBRA, through a former employer or a retiree benefit)**

1	Yes	<b>[GO TO PERSDOC2]</b>
2	No	
7	Don't know / Not sure	<b>[GO TO PERSDOC2]</b>
9	Refused	<b>[GO TO PERSDOC2]</b>

NEWINSB (Is it coverage through) A plan that you or someone else buys totally on your own?

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |

NEWINSC (Is it coverage through) Medicare?

**(INTERVIEWER PROBE: Medicare is health insurance for people 65 years old and over or persons with disabilities).**

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |

NEWINS D (Is it coverage through) Medicaid or MassHealth?

**(INTERVIEWER PROBE: This also includes CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health)**

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |

NEWINSE (Is it coverage through) Any other type of public insurance such as Commonwealth Care?

**(INTERVIEWER PROBE: This is a program that provides insurance at either no cost or at subsidized rates for low- to moderate-income adults. You would have coverage under CommCare through a health insurance program)**

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |

NEWINSF (Is it coverage through) Any other type of public insurance such as through the military, the VA or the Indian Health Service?

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |



NEWINSG (Is it coverage through) Some other source

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   | [GO TO PERSDOC2] |
| 2 | No                    |                  |
| 7 | Don't know / Not sure | [GO TO PERSDOC2] |
| 9 | Refused               | [GO TO PERSDOC2] |

**CATI Note:** Respondent may not answer **NO** to every question NEWINSA-g. If every response a-g is no, confirm response to Insurance question below. If NEWINSA, NEWINSB, NEWINSC, NEWINSD, NEWINSE, NEWINSF, and NEWINSG ALL = 2, THEN ASK INSCHK. Else go to PERSDOC2.

#### INSCHK

Inschk

Earlier, you responded that you do have health insurance. Just now, when recording the type of insurance that you have, you responded no to every possible option. Do I need to update whether or not you have insurance, or do I need to update the type of insurance that you have?

- |   |  |                       |
|---|--|-----------------------|
| 1 | Update insurance yes/no question         | [GO BACK TO HLTHPLAN] |
| 2 | Update type of insurance in this section | [GO BACK TO NEWINSA]  |
| 9 | Refused                                  |                       |

**PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

Hins6a

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

(81)

- |   |                       |
|---|-----------------------|
| 1 | Yes, only one         |
| 2 | More than one         |
| 3 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**MEDCOST** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Hins5

(82)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CHECKUP1** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Chkup1 (83)

1	Within past year (anytime less than 12 months ago)
2	Within past 2 years (1 year but less than 2 years ago)
3	Within past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know / Not sure
8	Never
9	Refused

## Section 4: Hypertension Awareness

**BPHIGH4** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Hpt1a (94)

**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**

- |   |  |                      |
|---|--|----------------------|
| 1 | Yes  |                      |
| 2 | Yes, but female told only during pregnancy | [Go to next section] |
| 3 | No   | [Go to next section] |
| 4 | Told borderline high or pre-hypertensive   | [Go to next section] |
| 7 | Don't know / Not sure                      | [Go to next section] |
| 9 | Refused                                    | [Go to next section] |

**BPMEDS** Are you currently taking medicine for your high blood pressure?

(95)

Hpt4

1	Yes
2	No
7	Don't know / Not sure
9	Refused

## Section 5: Cholesterol Awareness

**BLOODCHO** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (96)

Chol1

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**CHOLCHK** About how long has it been since you last had your blood cholesterol checked? (97)

Chol2

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**TOLDHI2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (98)

Chol5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**CVDINFR4** (Ever told) you that you had a heart attack also called a myocardial infarction? (99)

Cardo3a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CVDCRHD4** (Ever told) you had angina or coronary heart disease? (100)

Cardo3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CVDSTRK3** (Ever told) you had a stroke? (101)

Cardo3c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**ASTHMA3** (Ever told) you had asthma? (102)

Asthma1a

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

**ASTHNOW** Do you still have asthma? (103)

Asthma4

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCSCNCR** (Ever told) that you had skin cancer?

CHCSCNCR

**Read only if necessary:**

By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

(104)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**CHCOCNCR** Ever told) you had any other types of cancer?

CHCOCNCR

(105)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**CHCCOPD** (Ever told) you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

CHCCOPD

(106)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**HAVARTH3** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Arth15

(107)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter’s syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis,
- polyarteritis nodosa)

**ADDEPEV2** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

ADDEPEV2

(108)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCKIDNY** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

CHCKIDNY

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

(109)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCVISON** Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

CHCVISON

(110)

- 1 Yes
- 2 No
- 3 Respondent is blind
- 7 Don't know / Not sure
- 9 Refused

**DIABETE3** (Ever told) you have diabetes?

(111)

Diab1

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  
If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

## Section 7: Tobacco Use

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life?

(112)

Smk1

**NOTE: 5 packs = 100 cigarettes**

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   |                 |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**SMOKDAY2** Do you now smoke cigarettes every day, some days, or not at all?

(113)

Smk2

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Every day             |                  |
| 2 | Some days             |                  |
| 3 | Not at all            | [Go to LASTSMK2] |
| 7 | Don't know / Not sure | [Go to USENOW3]  |
| 9 | Refused               | [Go to USENOW3]  |

**STOPSMK2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(114)

Smk4f

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   | [Go to USENOW3] |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**LASTSMK2** How long has it been since you last smoked a cigarette, even one or two puffs?

(115-116)

Smk5c

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |
| 0 8 | Never smoked regularly   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Chew2b

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

(117)

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 8: Demographics

**AGE** What is your age?

(118-119)

Age

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

**HISPANC2** Are you Hispanic or Latino?

(120)

Hisp

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**MRACE** Which one or more of the following would you say is your race?

(121-126)

Mrace1

Mrace2

Mrace3

Mrace4

Mrace5

Mrace6

**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Mrace1\_6 =**  
Multiple  
Race Info



**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If more than one response to MRACE; continue. Otherwise, go to ANCESTRY.**

**ORACE2** Which one of these groups would you say best represents your race?

(127)

Orace2

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**VETERAN3**

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(128)

Militar1

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**MARITAL**

Are you...?

(129)

Mrtl

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

**CHILDREN** How many children less than 18 years of age live in your household?

(130-131)

Chage1

Number of children  
 8 8 None  
 9 9 Refused

**EDUCA** What is the highest grade or year of school you completed?

(132)

Educ

**Read only if necessary:**

1 Never attended school or only attended kindergarten  
 2 Grades 1 through 8 (Elementary)  
 3 Grades 9 through 11 (Some high school)  
 4 Grade 12 or GED (High school graduate)  
 5 College 1 year to 3 years (Some college or technical school)  
 6 College 4 years or more (College graduate)

**Do not read:**

9 Refused

**EMPLOY** Are you currently...?

(133)

Emp1

**Please read:**

1 Employed for wages  
 2 Self-employed  
 3 Out of work for more than 1 year  
 4 Out of work for less than 1 year  
 5 A Homemaker  
 6 A Student  
 7 Retired

**Or**

8 Unable to work

**Do not read:**

9 Refused

**INCOME2** Is your annual household income from all sources—

(134-135)

Incsm

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

- 7 7 Don’t know / Not sure
- 9 9 Refused

**WEIGHT2** About how much do you weigh without shoes?

(136-139)

Wght

**NOTE: If respondent answers in metrics, put “9” in column 174.**

**Round fractions up**

Weight  
(pounds/kilograms)  
7 7 7 7 Don’t know / Not sure  
9 9 9 9 Refused

**HEIGHT3** About how tall are you without shoes?

(140-143)

Hght

**NOTE: If respondent answers in metrics, put “9” in column 178.**

**Round fractions down**

Height  
(ft / inches/meters/centimeters)  
7 7 / 7 7 Don’t know / Not sure  
9 9 / 9 9 Refused

## State-Added 8b: City/Town

**TOWN** What city or town do you live in?

Town	__	Town code [001-351]
	8 8	OTHER: [SPECIFY: _____]
	7 7	Don't Know/Not Sure
	9 9	Refused

**[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]**

**(DATA PROCESSING Note: CDC permits MA BRFSS to ask MA12.2 in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)**

**(DATA PROCESSING NOTE: CDC permits MA BRFSS to ask TOWN in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)**

**CTYCODE** What county do you live in?

(144-146)

	__	ANSI county code
	7 7 7	Don't know / Not sure
	9 9 9	Refused

**ZIPCODE** What is the ZIP Code where you live?

(147-151)

Zipcode	__	ZIP Code [RANGE 01001 to 02791, 05501, 05544]
	8 8 8 8 8	Out of State (Specify)
	7 7 7 7 7	Don't know / Not sure
	9 9 9 9 9	Refused

### Qualified Level 7

**RENTHOM1** Do you own or rent your home?

(160)

RENTHOM1	1	Own
	2	Rent
	3	Other arrangement
	7	Don't know / Not sure
	9	Refused

**INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.**

**INTERVIEWER NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**SEX** Indicate sex of respondent. Ask only if necessary.

(161)

Sex	1	Male	[Go to next section]
	2	Female	<b>*NOTE: Massachusetts asks 'PREGNANT' of females up to 50 years old. If 51 years or older go to next section.</b>

**\*\*Only submit data on women <45 to CDC\*\***

**PREGNANT** To your knowledge, are you now pregnant?

(162)

Preg1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

## Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE:** If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

**FRUITJU1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

FVP1

(163-165)

- |   |    |                       |
|---|----|-----------------------|
| 1 | __ | Per day               |
| 2 | __ | Per week              |
| 3 | __ | Per month             |
| 5 | 5  | Never                 |
| 7 | 7  | Don't know / Not sure |
| 9 | 9  | Refused               |

**INTERVIEWER NOTE:** Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question, VEGOTHER.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

#### FRUIT1

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

FVP2

(166-168)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

#### FVBEANS

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

FVP5

(169-171)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow



peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

**INTERVIEWER NOTE:** Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

**FVGREEN**

FVP7

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(172-174)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**INTERVIEWER NOTE:** Each time a vegetable is eaten it counts as one time.”

**INTERVIEWER NOTE:** Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

**FVORANG**

FVP8

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(175-177)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

**FOR INTERVIEWER:** Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

#### VEGETAB1

FVP6

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(178-180)

1	--	Per day
2	--	Per week
3	--	Per month
5	5 5	Never
7	7 7	Don't know / Not sure
9	9 9	Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

**INTERVIEWER NOTE:** Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

## Section 10: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION:** If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.



**EXERANY2**

Ex1

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(181)

- |   |                       |                         |
|---|-----------------------|-------------------------|
| 1 | Yes                   |                         |
| 2 | No                    | <b>[Go to STRENGTH]</b> |
| 7 | Don't know / Not sure | <b>[Go to STRENGTH]</b> |
| 9 | Refused               | <b>[Go to STRENGTH]</b> |

**EXTRACT01**

Ex2

What type of physical activity or exercise did you spend the most time doing during the past month?

\_\_\_\_\_ (Specify) **[See Coding List A]**

(182-183)

- |     |                       |                         |
|-----|-----------------------|-------------------------|
| 7 7 | Don't know / Not Sure | <b>[Go to STRENGTH]</b> |
| 9 9 | Refused               | <b>[Go to STRENGTH]</b> |

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**EXEROFT1**

Ex4

How many times per week or per month did you take part in this activity during the past month?

(184-186)

- |       |                       |
|-------|-----------------------|
| 1 _ _ | Times per week        |
| 2 _ _ | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**EXERHMM1**

Ex5

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(187-189)

- |       |                       |
|-------|-----------------------|
| _ : _ | Hours and minutes     |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**EXTRACT02**

Ex7

What other type of physical activity gave you the next most exercise during the past month?

\_\_\_\_\_ (Specify) **[See Coding List A]** (190-191)

- |    |                       |                         |
|----|-----------------------|-------------------------|
| 88 | No other activity     | <b>[Go to STRENGTH]</b> |
| 77 | Don't know / Not sure | <b>[Go to STRENGTH]</b> |
| 99 | Refused               | <b>[Go to STRENGTH]</b> |

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**EXEROFT2** How many times per week or per month did you take part in this activity during the past month?  
Ex9 (192-194)

1\_\_ Times per week  
 2\_\_ Times per month  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**EXERHMM2** And when you took part in this activity, for how many minutes or hours did you usually keep at it?  
Ex10 (195-197)

:\_\_ Hours and minutes  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**STRENGTH** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.  
STRENGTH (198-200)

1\_\_ Times per week  
 2\_\_ Times per month  
 8 8 8 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

## Section 11: Disability

The following questions are about health problems or impairments you may have.

**QLACTLM2** Are you limited in any way in any activities because of physical, mental, or emotional problems?  
Q11 (201)

1 Yes  
 2 No  
 7 Don't know / Not Sure

9 Refused

**USEEQUIP**

Disb15

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(202)

**Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

## Section 12: Arthritis Burden

**If HAVARTH2 = 1 (yes) then continue, else go to next section.**

Next I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**LMTJOIN3**

Arth3a

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(203)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**INTERVIEWER NOTE:** ARTHDIS2 should be asked of all respondents regardless of employment status.

**ARTHDIS2**

Arth16

In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(204)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer

the question based on your current experience, regardless of whether you are taking any medication or treatment.”

#### ARTHSOCL

Arth17

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(205)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

#### JOINPAIN

Arth18

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

(206-207)

- Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

### Section 13: Seatbelt Use

#### SEATBELT

Stblt

How often do you use seat belts when you drive or ride in a car? Would you say—

(208)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

## Section 14: Immunization

### FLUSHOT5

FLUSHOT5

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(84)

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   |                  |
| 2 | No                    | [Go to PNEUVAC3] |
| 7 | Don't know / Not sure | [Go to PNEUVAC3] |
| 9 | Refused               | [Go to PNEUVAC3] |

### FLSHTMY2

FLSHTMY2

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

(85-90)

__ / __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

### IMFVPLAC

Flu2

At what kind of place did you get your last seasonal flu vaccine?

(92-92)

**[IF RESPONDENT UNSURE, PROBE: "How would you describe the place where you went to get your most recent flu vaccine?"]**

- |     |  |
|-----|--|
| 0 1 | A doctor's office or health maintenance organization (HMO)                   |
| 0 2 | A health department  |
| 0 3 | Another type of clinic or health center (Example: a community health center) |
| 0 4 | A senior, recreation, or community center                                    |
| 0 5 | A store (Examples: supermarket, drug store)                                  |
| 0 6 | A hospital (Example: inpatient)  |
| 0 7 | An emergency room  |
| 0 8 | Workplace  |
| 0 9 | Some other kind of place   |
| 1 0 | Received vaccination in Canada/Mexico (Volunteered – Do not read)            |
| 1 1 | A school   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

### PNEUVAC3

Pneum

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(93)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 15: Alcohol Consumption

### ALCDAY5

Drnk2

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

1 -- Days per week  
2 -- Days in past 30 days  
8 8 8 No drinks in past 30 days  
7 7 7 Don't know / Not sure  
9 9 9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

### AVEDRNK2

Drnk3

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (212-213)

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

-- Number of drinks  
7 7 Don't know / Not sure  
9 9 Refused

### DRNK3GE5

Alc8

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? (214-215)

-- Number of times  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

### MAXDRNKS

Drnk4

During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

-- Number of drinks  
7 7 Don't know / Not sure  
9 9 Refused

**CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

**EFFECTIVE JULY 14, 2011: CORE SECTION 18 WILL BE ASKED FOR THE AUGUST THROUGH DECEMBER SAMPLES.**

## Section 16: Preventive Counseling

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

**16.1** Has a doctor or other health professional ever talked with you about alcohol use?

**IF YES, ASK: About how long ago was it?**

(547)

- 1 Yes within the past 12 months
- 2 Yes within the past 3 years
- 3 Yes 3 or more years ago
- 4 No
- 7 Don't know
- 9 Refused

## Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**HIVTST6**

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(218)

Hiv15

- 1 Yes
- 2 No [Go to HIVRISK3]
- 7 Don't know / Not sure [Go to HIVRISK3]
- 9 Refused [Go to HIVRISK3]

**HIVTSTD3**

Not including blood donations, in what month and year was your last HIV test?

(219-224)

Hiv25b

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

- /                Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

**HIVRISK3**

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Ivstdhiv

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.

- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(225)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 35: State-Added MA Tobacco

---

### Pre-SMK9d:

If SMOKDAY2 = 1 OR 2 then go to SMK9d;  
Else go to ENSMK2

Now I would like to ask you some more questions about smoking.

**SMK9d** [CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

Smk9d

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**ENSMK2** Which statement best describes the rules about smoking in your home ...

Ensmk2

**Please read:**

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or
- 3 smoking is permitted anywhere

**Do not read:**

- 7 Don't know/Not sure
- 9 Refused

## Closing statement

---

### {Read to All}

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Massachusetts. Thank you very much for your time and cooperation.



## Language Indicator

---

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

**Lang1.** In what language was this interview completed?

Lang	1	English
	2	Spanish

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

---

### Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	